Express Mail Label No. (if applicable)	·

Request for Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.	10/574,645	
Confirmation No.	9318	
Filing Date	August 10, 2006	
First Named Inventor	Salomon et al.	
Group Art Unit	1634	******
Examiner Name	Steven C. Pohnert	
Attorney Docket No.	251206	
Client Reference No.	E-075-2003/0-US-03	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1.	Sı	ıbmi	ssion requir			114					•
ĺ	a.		Previously s	ubmitted	1						
		i.						1.116 previo	usly filed	on	
ı		.,			endment(s) refe				danalu file	a.u.	
l		ii.		er the an	guments in a	ne Appear	Bue or iv	eply Brief prev	viousiy inc	30 OH	
	iii. ☐ Other: b. ⊠ Enclosed										
1	D.	i.	Enclosed	nant/Rei	nlsr		iv				
l		ı. ii.			pry aration(s)			☐ Form PT		ces listed in Fo	rm PTO-1449
		ιι.	M Allique	(S)DCC	al autorito)		••			s and applications)	
l		jii.	☐ Information Disclosure Statement (IDS) vi. ☐ Other:								
2.	Mi		laneous			•					
	a.		Suspension	of action	on the above	ve-identifie	d applicat	ion is request	ed under	37 CFR 1.103(c) for a period
l								onths; fee under 3			
ĺ	b.		Applicant cla								
	C.		Other:								
3.	Fe	es -	The RCE fee	under 3	7 CFR 1.17(e) is requir	ed by 37	CFR 1,114 w	hen the R	CE is filed.	
	a.		Please charg	ae Depo	sit Account I	No. 12-121	6 in the to	otal amount in	dicated b	elow.	İ
		i.						37 CFR 1.17(\$810.00
		ii.						(37 CFR 1.136 ar			\$1,110.00
i		iii.	☐ An exter	nsion for	· ha	is already b	been secu	ired and the f	ee paid th		
İ			\$ 0.00 is	deducte	ed from the t	otal fee du	e for the t	total amount c	of extension	on now	<u> </u>
			requeste								
		iv.						eriod noted ab			ļ
			well as f	or any a	dditional per	iod necess	ary to rer	der the prese	nt submis	ssion timely.	
ı								the appropriat	te petition	fee.	# 0 00
ĺ		٧.		sion of a	ction fee of \$	\$130.00 (3 <i>i</i>	7 CFR 1.1	.7(i))			\$ 0.00
į		vi.	Other:								ļ
		vii.	Claim fe	е					-	· · · · · · · · · · · · · · · · · · ·	
			CLAIMS		HIGHEST			Appli		App't.	ļ
ĺ			REMAINING AFTER		Number Previously	EXTRA CLAIMS		ADD'L Claim		CLAIM	
CLA	мЕ	FE	AMENDMENT		PAID FOR	PRESENT	RATE	FEE	RATE	FEE	
TOT.			19	MINUS	21	= 0	x 26 =	<u> </u>	x 52 =		
		IDENT		Minus	3	= 0	x 110 =		x 220 =		-
INDEPENDENT 3 MINUS 3 = 0 x 110 = x 220 =											
		<u></u>	nio				1	to be charge		osit Account	\$1,920.00
 	b.	\boxtimes	The Commis	sioner is	s hereby auth						
l	b. The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216.										

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

	SIGNATURE OF APPLICANT, A	TTORNEY OR AGEN	T REQUIRED
Name (Print/T)	Jeremy M. Jay	Registration No. (Attorney/Agent)	33,587
Signature	Gereni M. Ja	Date	March 4, 2009
Address	Leydig, Voit & Mayer Two Prudential Plaza, Suite 4990 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)